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Bib Data Sheet

CONFIRMATION NO. 2619

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/080,816   | <b>FILING DATE</b><br>02/21/2002<br><b>RULE</b>   | <b>CLASS</b><br>463           | <b>GROUP ART UNIT</b><br>3714   | <b>ATTORNEY DOCKET NO.</b><br>M-7001-1P US |
| <b>APPLICANTS</b><br>Michael S. Wiltshire, Reno, NV;<br>James J. Lisenbee, Reno, NV;<br>Jayant S. Karmarkar, Aptos, CA;<br>Timothy A. Wiltshire, Reno, NV;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 09/199,529 11/24/1998 PAT 6,409,602 <i>OR</i><br>which is a CIP of 09/187,135 11/06/1998 ABN <i>OR</i>   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b> <i>honeys</i>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 03/13/2002</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>NV | <b>SHEETS DRAWING</b><br>18   | <b>TOTAL CLAIMS</b><br>54                  |
| <b>INDEPENDENT CLAIMS</b><br>4   |   |                               |   |  |
| <b>ADDRESS</b><br>23639  |   |                               |   |  |
| <b>TITLE</b><br>Slim terminal gaming system  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>718  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |